



DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services

Region VIII  
1600 Broadway, Suite 700  
Denver CO 80202-4967

SD-WA-2(0338.90)EP

May 14, 2002

Mr. James Ellenbecker, Secretary  
Department of Social Services  
Kneip Building  
700 Governors Drive  
Pierre, South Dakota 57501-2291

Dear Mr. Ellenbecker:

This is to inform you that your request to renew your home and community-based services waiver, as authorized under Section 1915(c) of the Social Security Act, has been approved. This waiver renewal has been assigned control number 0338.90 which should be used in all future correspondence regarding this program.

Your approved waiver service package will continue to consist of service coordination, personal care, respite, environmental accessibility adaptations, specialized medical and adaptive equipment and supplies, companion, and prescribed nutritional supplements to mentally retarded and developmentally disabled individuals 0 to 21 years of age (Family Support waiver).

Based on the assurances and the information you provided, including additional clarifying information in response to our concerns, the renewal request has been approved for a 5-year period, effective June 1, 2002, as requested. The estimate of utilization and cost of waiver services have been approved as follows:

<u>Year</u>	<u>Unduplicated Recipients</u>	<u>Factor D</u>
1	361	\$2,048
2	368	\$2,058
3	375	\$2,051
4	383	\$2,049
5	391	\$2,047

The waiver renewal request conforms fully to the requirements of the statute and Medicaid regulations. We appreciate the effort and cooperation provided by you and your staff.

Sincerely yours,

/s/

Alex E. Trujillo  
Regional Administrator

cc: Jane Nielsen